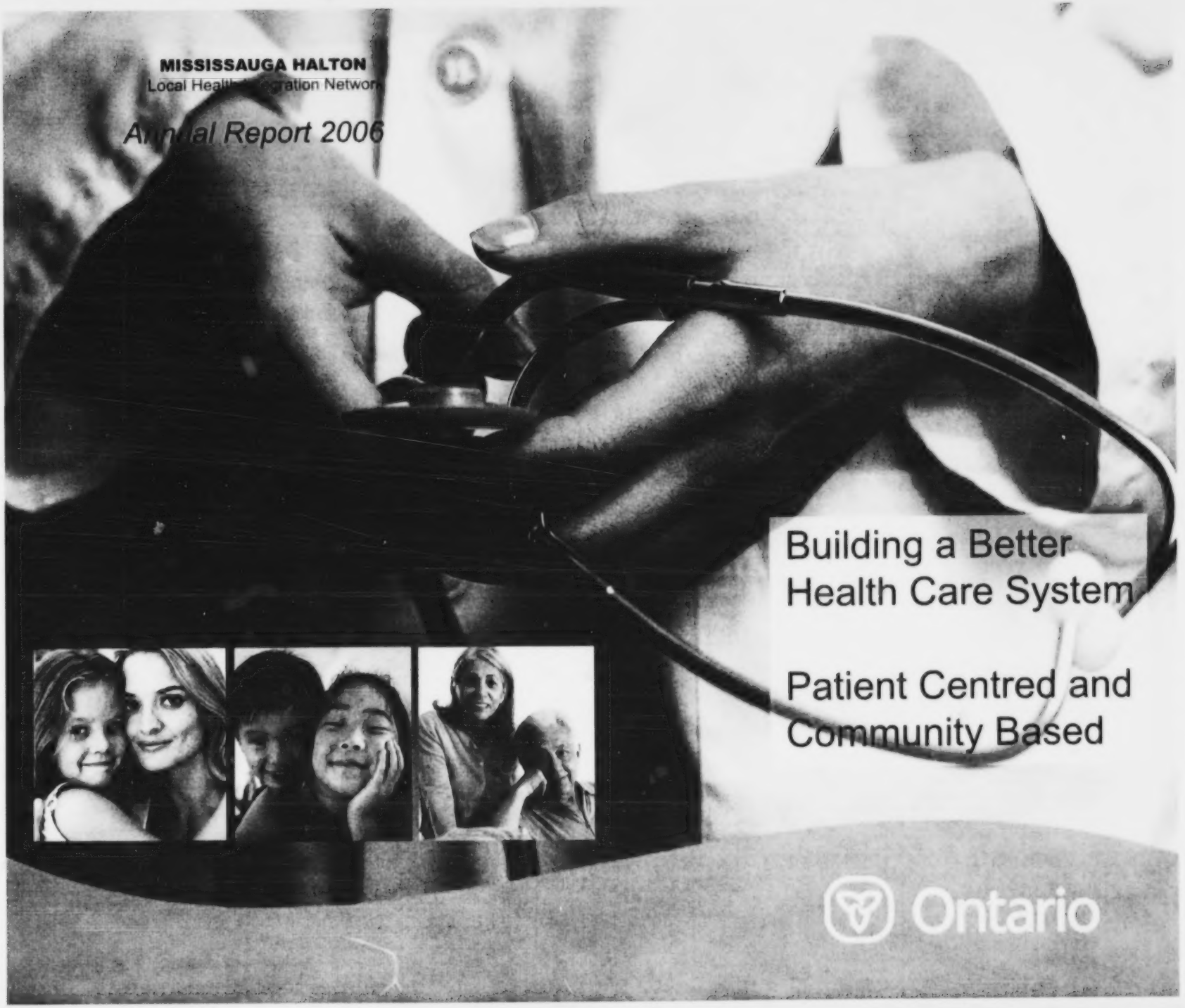

MISSISSAUGA HALTON
Local Health Integration Network
Annual Report 2006
Building a Better
Health Care System
Patient Centred and
Community Based
Ontario

Introducing Local Health Integration Networks

Local Health Integration Networks (LHINs) are not-for-profit organizations designed to plan, integrate and fund local health services within specific geographic areas. There are 14 LHINs across the province. They were created as recognition that a community's health needs and priorities are best understood by people familiar with the needs of that community and the people who live there, not from offices hundreds of miles away.

LHINs are an important part of the evolution of health care in Ontario from a collection of services that are often un-coordinated to a true health care system.

Why Were They Created?

LHINs were created to fix the piecemeal way Ontario's health care system was organized. The goal is to create local links between health care services and health care providers, to make it easier for patients and their loved ones to find their way through a very complex health system as they move from one health service provider to another. LHINs are changing the way our health care system is managed.

What Will LHINs Do?

LHINs will manage health services that are delivered in hospitals, long-term care homes, community health centres, community support services, community care access centres and community mental health and addictions agencies.

LHINs are based on a principle that community-based care is best planned, coordinated and funded in an integrated manner within the local community because local people are best able to determine their health service needs and priorities. LHINs will determine the health service priorities required in their local community and will work with local health providers and community members to develop an integrated health service plan for their local area. They will eventually be responsible for funding and ensuring accountability of local health service providers.

While LHINs will not directly provide services, the government is giving them the mandate for planning, integrating and funding health care services. LHINs will oversee nearly two thirds of the health care budget in Ontario – nearly $21 billion. They have been specifically mandated to engage people and providers in their communities about their needs and priorities. As LHIN roles evolve over the next few years, the immediate benefits will be unprecedented opportunities for community input into health care planning. In the years to come, we expect to see better access to patient care.

Benefits of LHINs

Health care choices by the community, for the community
Under LHINs, people closer to what is really going on will identify community health care priorities at the local level.

We're all in this together
The health care system belongs to the people of Ontario; they're the ones who depend on it and who pay for it. LHINs will, for the first time, involve Ontarians in the health care conversation, giving them a chance to participate in decisions about the health care system in their communities.

Transparency, accountability and responsibility
LHINs will ensure that health care dollars are spent in the most efficient and effective way possible, yielding the best results possible. Accountability agreements between health care providers and LHINs, and between LHINs and government, will ensure the responsible use of precious health care resources, and the sustainability of the health care system for generations to come.

A system with patients at the centre
The health care system has not always been an easy one to figure out. LHINs will change that, breaking down the barriers that patients face and ensuring that decisions are made in the interests of patient care.

For more information about LHINs, including frequently asked questions, visit the LHINs' web site at www.lhins.on.ca

Local Health System Integration Act 2006

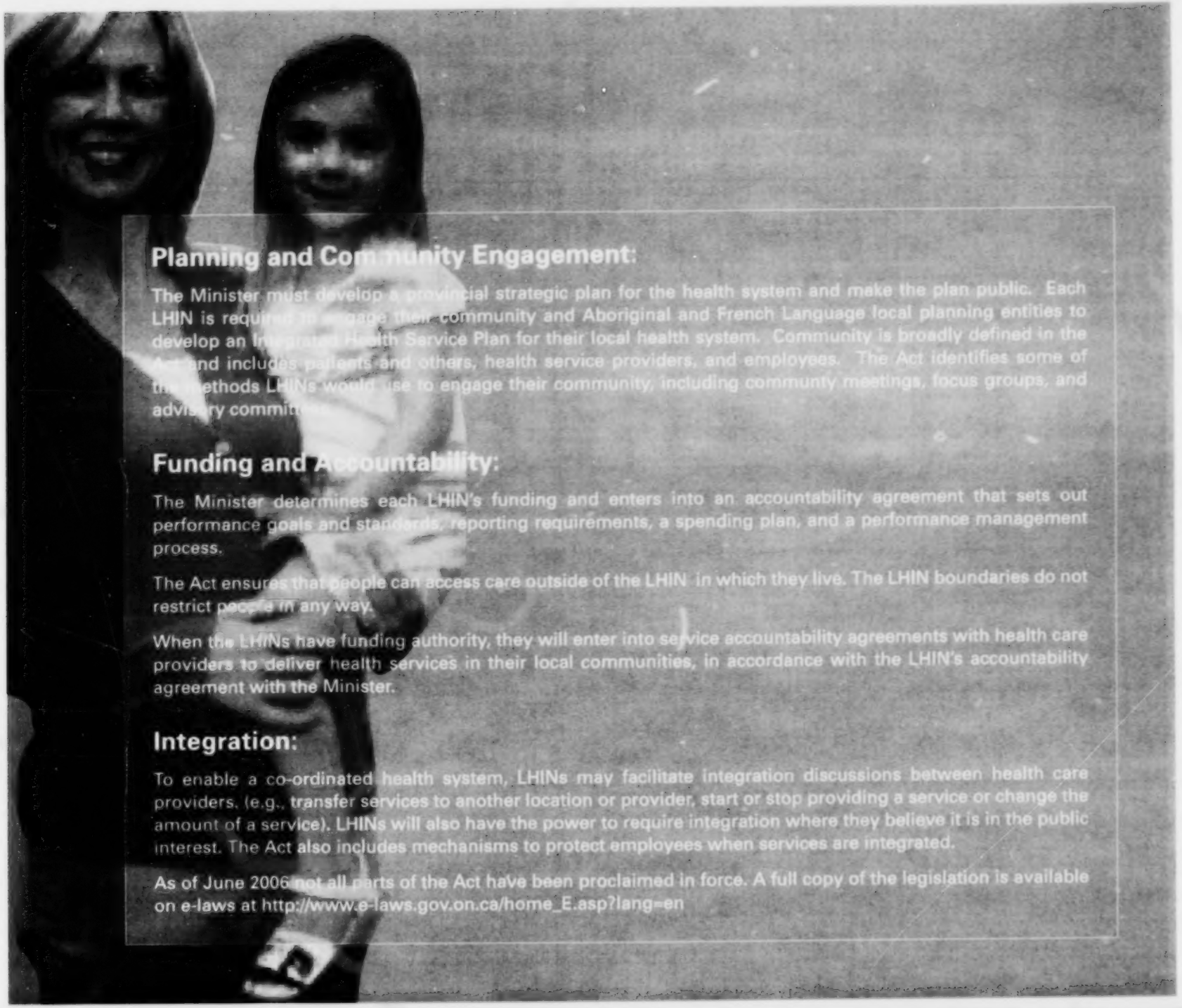
The Local Health System Integration Act, 2006 was introduced on November 24, 2005 and receieved Royal Assent on March 28, 2006. The purpose of the Act is to provide for an integrated health system to improve the health of Ontarians through better access to high quality health services, co-ordinated health care and effective and efficient management of the health system at the local level by local health integration networks.

The Act continues 14 Local Health Integration Networks (LHINs) as Crown Agencies of the Ministry of Health and Long-Term Care. It gives LHINs the power to plan, co-ordinate and fund health care providers (hospitals, long-term care homes, community support services, community health centres, Community Care Access Centres and community mental health and addictions agencies) in their specified geographic areas. It sets out the corporate organization of the LHINs, the powers of the LHIN Boards of Directors, and requires the LHINs to have an accountability agreement with the Minister of Health and Long-Term Care.

The Act provides the legislative framework for creating a health system in Ontario that is:

- Community-based: engages the local community about needs and priorities
- Based on Partnerships: system partners are Minister, Ministry, LHINs and service providers
- Forward Looking: emphasis on planning and priority setting
- Efficient: effective allocation of funding to achieve priorities
- Accountable: clearly defined expectations and measurement of achievement; monitoring and public reporting provide checks and balances in system
- Integrated: coordinated health care with focus on client needs

The Act sets out certain requirements and authorities for the Ministry and the LHINs in the areas of: planning, community engagement, funding, accountability and integration.



Planning and Community Engagement:

The Minister must develop a provincial strategic plan for the health system and make the plan public. Each LHIN is required to engage their community and Aboriginal and French Language local planning entities to develop an Integrated Health Service Plan for their local health system. Community is broadly defined in the Act and includes patients and others, health service providers, and employees. The Act identifies some of the methods LHINs would use to engage their community, including community meetings, focus groups, and advisory committees.

Funding and Accountability:

The Minister determines each LHIN's funding and enters into an accountability agreement that sets out performance goals and standards, reporting requirements, a spending plan, and a performance management process.

The Act ensures that people can access care outside of the LHIN in which they live. The LHIN boundaries do not restrict people in any way.

When the LHINs have funding authority, they will enter into service accountability agreements with health care providers to deliver health services in their local communities, in accordance with the LHIN's accountability agreement with the Minister.

Integration:

To enable a co-ordinated health system, LHINs may facilitate integration discussions between health care providers. (e.g., transfer services to another location or provider, start or stop providing a service or change the amount of a service). LHINs will also have the power to require integration where they believe it is in the public interest. The Act also includes mechanisms to protect employees when services are integrated.

As of June 2006 not all parts of the Act have been proclaimed in force. A full copy of the legislation is available on e-laws at http://www.e-laws.gov.on.ca/home_E.asp?lang=en

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Welcome to the Mississauga Halton Local Health Integration Network

The Mississauga Halton LHIN encompasses the fastest growing region in Ontario. It is home to just over a million people. We have a well educated and fairly young population. Our residents are generally health conscious. Our population seeks out healthy foods, such as fruits and vegetables, at a higher rate than the provincial average. Residents of our LHIN are also less likely to smoke daily or drink heavily.

Even though the Mississauga Halton LHIN population is generally younger, more educated and in better health than in comparison to the province, there are some unique challenges that will require innovative solutions. Specifically, the local issues include:

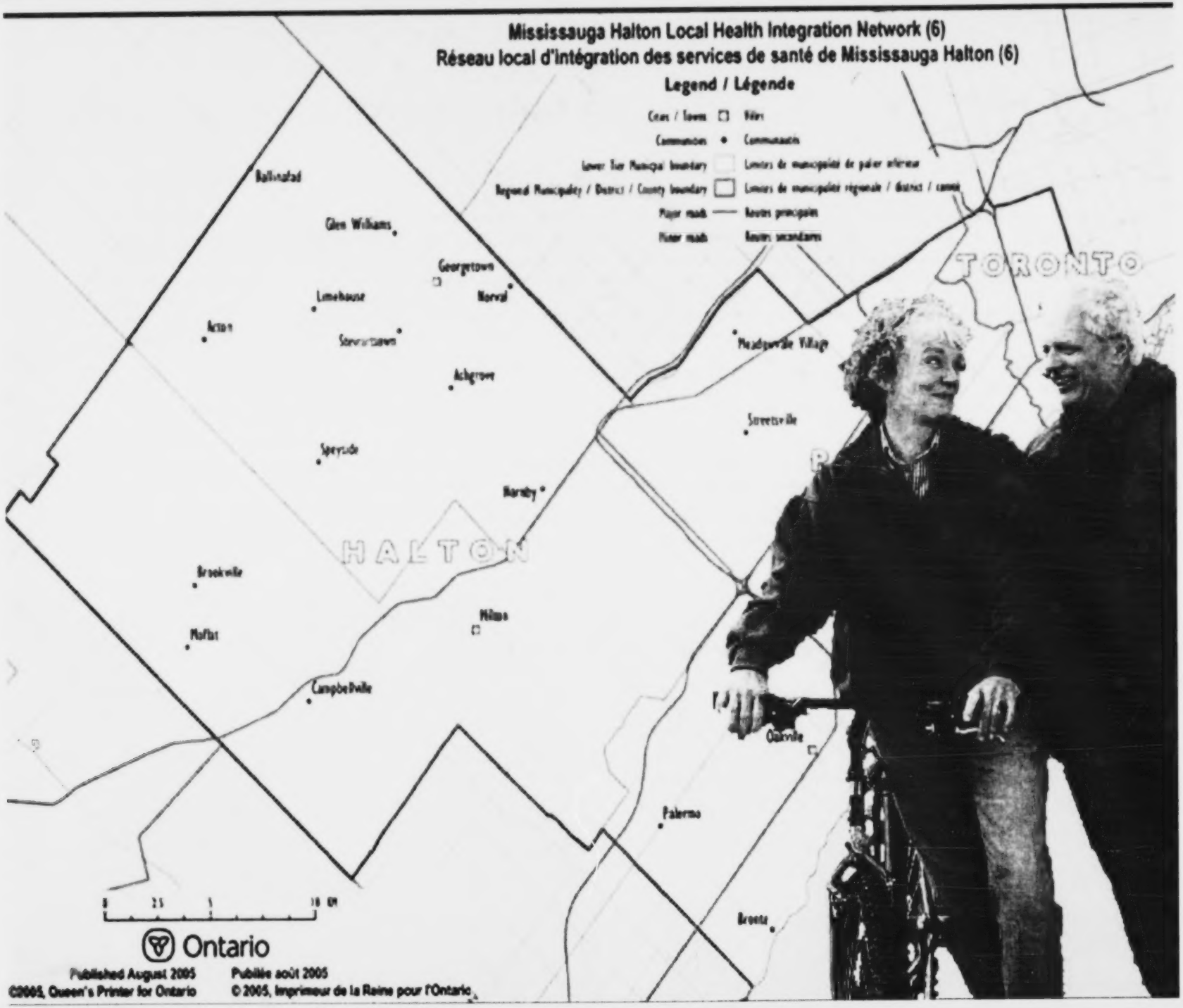
Growth – over the next 12 years the Mississauga Halton LHIN will continue to experience significant growth which will further tax a system that is currently under capacity pressures across all sectors.

Aging – the next 10 years will see a massive (by 2016 almost a 71% increase – the highest in the province) increase in the number of seniors in comparison to today. Given that age is the greatest predictor of increased prevalence of illness and use of health services, the Mississauga Halton LHIN must begin fundamental change in the delivery of services to the 55 plus population to ensure a more proactive and wellness focus to health service delivery.

Diversity – the cultural and linguistic differences that exist within the Mississauga Halton LHIN, have and will challenge providers to meet the needs of the diverse population. Innovative strategies will be necessary to meet these needs.

The Mississauga Halton LHIN covers a geographic area of about 900 square kilometers and includes the municipalities of Halton Hills, Milton, Oakville, Mississauga (excluding Malton) and south Etobicoke (part of the City of Toronto).

The geography contains substantial elements of urban and suburban populations and some rural settings.


Mississauga Halton Local Health Integration Network (6)
Réseau local d'intégration des services de santé de Mississauga Halton (6)
Legend / Légende
Ballinafad
Glen Williams
Georgetown
Norval
Limehouse
Acton
Stewarttown
Ashgrove
Speyside
Barsby
HALTON
Brookville
Moffat
Milton
Campbellville
Meadowvale Village
Streetsville
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Message from the Chair

Dear Minister:

I am honoured to have been appointed Chair of the Mississauga Halton Local Health Integration Network (MH LHIN) at this important point in the evolution of the healthcare system in the Province of Ontario. In this capacity, it is my privilege and pleasure to submit to you the inaugural Annual Report of the MH LHIN.

Since the creation of the MH LHIN on June 9, 2005, we have met all the performance objectives for 2005-2006 set out in our Accountability Agreement with your Ministry and, in addition, have successfully dealt with all of the usual start-up requirements of a new organization.

I am particularly pleased that MH LHIN officials, including our CEO, participated in, and provided leadership to, several province-wide LHIN initiatives established by the government. These included: the development of the annual accountability framework; indemnity coverage for Directors and Officers; and the "Roadmap to the Integrated Health Service Plan (IHSP)", a document to guide the first deliverable for all LHINs for the upcoming fiscal year.

I wish to thank you for the extensive level of support provided by the Ministry throughout the past year to assist with our start-up phase. I am also delighted that on January 5, 2006, Caesar Cheng, Edward R. Morris, and Norman Murray joined our Board.

Through the Local Health System Integration Act, the Ontario government has given LHINs a clear mandate to engage "local" citizens, consumers and providers to identify key priorities, to work with them to make the best use of all available resources and to improve access to all needed services. As we look to the year ahead of us, I firmly believe that the MH LHIN is poised to implement its mandate effectively.

All the members of our Board and Senior Leadership Team firmly believe that the LHIN initiative is an important part of the solution to Ontario's desire for a better performing and more sustainable public health care system. By enlisting the support and involvement of our residents and building upon the long and successful tradition of collaboration, innovation and integration by those who deliver health care services in our communities, the MH LHIN aims to demonstrate such confidence is well placed.

Over the past months, I have had the opportunity and the pleasure to meet with many health care providers, local politicians, and consumers all of whom believe that the opportunity to make meaningful change has come and are committed to collectively and collaboratively working to improve health and health care in MH LHIN.

Our Board and staff are enthusiastic, and feel confident that with the continued support of the community we will begin to achieve the longer-term mandate of improving health and health care services in the MH LHIN.

John Magill

Norman Murray

Message from the Chief Executive Officer

Dear Deputy Minister:

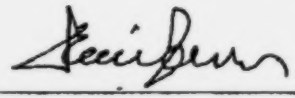
On behalf of the management and staff of the Mississauga Halton Local Health Integration Network, I am pleased to present the Annual Report of the Mississauga Halton LHIN, for its inaugural year of operation, 2005-06.

The people of Ontario and of the communities of Mississauga, Halton and west Etobicoke/Toronto have placed improved and sustainable health care at the top of the public agenda. The Government of Ontario has responded with a variety of progressive initiatives, including the promotion of a more fully integrated and systematic delivery of health care services to our residents. The "LHINs initiative" gives Ontarians in every community a new, wider role in defining and prioritizing their health care needs, by putting the needs and directions of the client, the patient and the caregiver at the heart of the health care delivery system.

The Mississauga Halton LHIN has begun its quest for even better, more sustainable health care within our communities by launching an extensive program of community engagement, involving health care providers, stakeholders and individual residents. The best way to determine the needs of the communities is to ask them. Since our incorporation in June of 2005, hundreds of local residents and health care providers, and the organizations that represent them, have provided invaluable guidance and advice to the Board and staff of the Mississauga Halton LHIN, as we began this exciting and essential work. In this start-up year, we have begun to lay a sound foundation. We have been greatly aided in that effort with the support and encouragement from you, the Health Results Team, and your Ministry.

In the coming years, a new era of improved service delivery, determined use of best practices, and respect for the Ontario taxpayers' substantial investment in health care, will guide our recommendations to the LHIN Board and to the health care providers with whom we will work as collaborators. Some say that Ontario is the last Canadian jurisdiction to undertake this difficult but necessary transition to community-based, integrated health care delivery. In the Mississauga Halton LHIN, we plan to learn from the experience of others. We also realize, as Victor Hugo said, that no force can stop an idea whose time has come.

In the following year our goals include fully staffing our organization; developing an Integrated Health Service Plan for our LHIN based on substantive engagement with the public and providers; and, working with the Ministry to move the accountability function for many of the transfer payment agencies to LHINs in the next fiscal year.



W. Michael Fenn, *Chief Executive Officer*

Our Leadership Team

The Board as a whole exists to support the strategic direction, core commitments, objectives and strategic priorities of the MH LHIN and of the LHIN initiative of the Government of Ontario. With the CEO the Board provides strategic leadership, fiduciary stewardship and asset/risk management monitoring of the LHIN. Various Board committees carry out the specific Board work that arises from the identified Board and LHIN priorities.

In recognition of the fact that members of the Board come from a wide variety of backgrounds, and with an equally wide variety of board and health care experience, and in recognition of the fact that good governance practices represent a combination of education, orientation and culture building, appropriate resources have been, and will continue to be, allocated for the building and ongoing maintenance of this important aspect of the individual MH LHIN Board members' ability to support the objectives and roles set out in the first paragraph.

W. Michael Fenn
Chief Executive Officer

Michael Fenn became the Chief Executive Officer (CEO) of the Mississauga Halton Local Health Integration Network (Mississauga Halton LHIN) in August 2005. The Mississauga Halton LHIN has a population over one million and serves the communities between Etobicoke and Georgetown.

Michael Fenn had previously been deputy minister of the Ontario ministries of Municipal Affairs & Housing, and Community Safety, for a total of eight years, before which he was City Manager of Burlington and CAO of Hamilton-Wentworth Region. Throughout his career, Michael Fenn has been recognized for bringing "customer focus" and innovation to the delivery of public services, and for promoting citizen involvement in public policy. His career achievements have been recognized by a number of professional awards, including the Lieutenant Governor's Medal of Distinction in Public Administration for Ontario.

Mississauga Halton LHIN Board of Directors

John Magill
Chair of the Board of Directors
(Term: June 1, 2005 – May 31, 2008)

John Magill recently retired from the law firm of Torkin Manes Cohen Arbus LLP where he was a Senior Partner in the Corporate Law Department. He has been actively involved in many community organizations and has served as Chairman of the Queensway General Hospital, Chairman of the Trillium Health Centre, Chairman of the Professional Division of the United Way of Metropolitan Toronto, founding Director and President of the Heritage Etobicoke Foundation, member of the Etobicoke Local Architectural Conservation Advisory Committee, A.N. Magill Award Committee Chair of The Canadian National Institute for the Blind and honourary legal counsel to the World Blind Union and to the Canadian Motor Sport Hall of Fame. In 1993 John was awarded the Commemorative Medal celebrating the 125th anniversary of Confederation in recognition of his community service. John has enjoyed a lifelong involvement in motor racing and he and his wife Judy are avid sailors. John has 3 children and 4 grandchildren. John is a resident of Mississauga.

Enola D. Stoyle, Board Member
(Term: June 1, 2005 – May 31, 2008)

Enola D. Stoyle received an MBA in Professional Accounting from the University of Toronto in 1997 and holds a CA and a CISSP designation. Currently, as Associate Director with the University of Toronto at Mississauga, she is responsible for Marketing, Recruitment and Alumni Relations for the Master of Management and Professional Accounting and Diploma in Investigative and Forensic Accounting Programs. Earlier in her career, Enola worked as a health sector executive. She was employed as Manager, Information Coordination at Calgary District Hospital Group (now the CRHA) and Manager, Institutional Reporting for Alberta Hospitals & Medical Care. Enola is a member of the Canadian Institute of Chartered Accountants and the International Information Systems Security Certification Consortium. Enola is a resident of Mississauga.

Dr. Elliot Halparin, Board Member
(Term: June 1, 2005 – May 31, 2008)

Dr. Elliot Halparin is a Past President of both the Ontario Medical Association and the Ontario College of Family Physicians. He is currently in practice at the Georgetown Medical Clinic and is on the staff of the Georgetown Hospital, where he was head of the emergency department, as well as a member of the hospital's medical advisory committee. Dr. Halparin has also worked as a health care consultant, most recently being involved in the implementation of the Family Health Teams across the province. Elliot is a resident of Georgetown.

Caesar Cheng, Board Member
(Term: January 5, 2006 – January 5, 2008)

Caesar Cheng holds a Masters of Science degree in Mathematics from the University of Wisconsin and a Post-Graduate Diploma in Business Administration from the University of Toronto. He has been President of Information Chaos Remedial Services Ltd. since May 1996. Prior to this, he held several increasingly responsible positions in computer technology management and software development. His community involvement includes serving as President of the Chinese Association of Mississauga, Past President of the Taiwan University Alumni Association of Toronto and Past Director of the Chinese Community Centre of Ontario. He is a member of the American Management Association and Canadian Information Processing Society. Caesar is a resident of Mississauga.

Edward Morris, Board Member
(Term: January 5, 2006 – January 5, 2007)

From 1995-98, Edward Morris served as Chair of the Employment Insurance Commission Appeals Board and, from 1961 to 1990, he held various positions with Air Canada including Public Affairs Manager. Morris was also employed with the Canadian Broadcasting Corporation in various assignments and served as Public Relations Officer for the Canadian Armed Forces. He currently serves as Director of Learning Unlimited in Etobicoke. His past community involvement includes the Prairie Theatre Exchange, CNIB Public Affairs and Masonic Foundation fundraising for cochlear implant program and model for neo-natal audio testing. Edward is a resident of Etobicoke

Norman Murray, Board Member
(Term: January 5, 2006 – January 5, 2008)

Norman Murray has been Manager, national accounts at Newgen Results Canada Ltd. Account Management since 2002. Prior to this, he was lecturer, School of Continuing Studies at the University of Toronto teaching a course in technology, e-business models and corporate strategy (2001-2002) and Vice-President of customer service at Ford Motor Company of Canada (1994-1998). He serves as a member of the Grants Committee and was a previous member of the Board of The Community Foundation of Oakville (1996-2002). His past community involvement includes serving as Vice-Chair of Oakville Waterfront Festival, member of the Corporate Gift Committee on the YMCA of Oakville Capital Campaign, and Campaign Chair of the United Way of Oakville. Norman is a resident of Oakville.

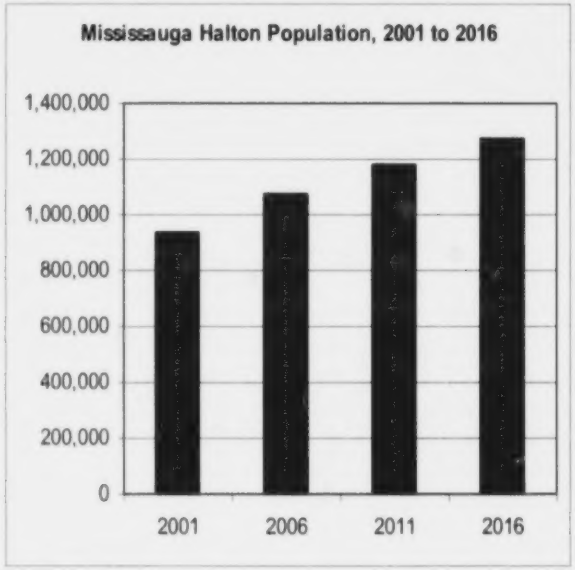
Inside Our LHIN

Our Population

Over one million people live in the Mississauga Halton LHIN, representing about 8.4 per cent of Ontario's population. We are the sixth largest LHIN based on population. The majority our residents live in the City of Mississauga. Our LHIN also includes the municipalities of Halton Hills, Oakville and South Etobicoke, part of the City of Toronto.

By 2018, Mississauga's population is expected to reach over 1.4 million, an increase of more than 300,000 residents. It is the equivalent of the entire current populations of Oakville, Milton, Halton Hills and south Etobicoke combined. This rapid growth will have a dramatic impact on the level of health-services required to meet the needs of our communities in the coming years.

The average age of people living in our LHIN is 33.6 years. This is generally younger than the provincial average of 35.6 years. Still, we will experience the highest growth rate over the next 12 years in the province for residents 55 years or older. By 2018, this age group will represent one-quarter of the total population. A greater proportion of older adults will also impact on the mix of health services and providers our area will need in future.



The residents of Mississauga Halton LHIN are generally more ethnically diverse in comparison to other LHINs and the province. Our LHIN has a significantly higher proportion of immigrants and visible minorities than the province. The percentage of the population who are recent immigrants is centred primarily in Mississauga and South Etobicoke. Forty per cent of our population identify themselves as visible minorities. This contributes to the diversity, complexity and vibrancy of our area. It requires our LHIN to consider the accessibility of services from an ethno-cultural as well as linguistic standpoint.

The Mississauga Halton LHIN is home to approximately 15,600 residents (1.7%) whose mother tongue is French. There is representation in most communities throughout the LHIN, but over half live in the City of Mississauga. There are 3,230 identified Aboriginals within our LHIN (0.4% of the population), who live mostly in the Mississauga area.

Our population tends to be better educated than the provincial average. Fifty-five per cent of adults living in our communities have attained post-secondary education credentials, compare to 48.7 per cent in Ontario. We also have the distinction of having residents most likely to report they experience a lot of life stress. This is among the unique health issues that will need to be addressed.

Health Status

The Mississauga Halton LHIN generally has a healthy population. There are lower incidences of chronic diseases and conditions like high blood pressure, diabetes, heart disease, arthritis and rheumatism, relative to provincial rates. This might be related to having a younger population with fewer seniors. Chronic illness place a high burden on the health care system and reduces the quality of life for those suffering from the condition. Hospitalization rates in our LHIN are also lower than provincial averages.

Fifty-nine per cent of our LHIN's residents consider themselves to in excellent or very good health, similar to the provincial rate.

However, the proportion of residents reporting they experience a lot of life stress is significantly higher than the provincial average, 35.5 per cent, compared to 24.4 per cent.

Health Practices and Preventative Care

The proportion of residents who smoke daily, engage in heavy drinking or who are physically inactive are slightly lower than the Ontario average, although not by a statistically significant degree. However, the combined portion of our population considered to be overweight or obese, 43.8 per cent, is meaningfully lower than the provincial rate of 48.5 per cent.

The majority of our population, 8.6 per cent had contact with a medical doctor in the past year, which is similar to the provincial average. Our residents also sought out preventative health care services, like mammograms and flu shots, similar to Ontarians overall.

Major Achievements

We are proud of what we have been able to achieve in our startup year. The Mississauga Halton LHIN made significant progress towards our performance objectives from August 22, 2005 to March 31, 2006. We established our LHIN governance, policies and practices. Senior staff was recruited to lead the organization. We have developed and implemented startup business processes. Our LHIN provided leadership to several province-wide initiatives to ensure a common approach across LHINs, including developing a process for the external audit of all LHINs in 2005-2006.

The Mississauga Halton LHIN also made great strides in developing strategic relationships and engaging a broad cross-section of stakeholders in our commitment to locally lead the transformation of the health system. Our LHIN devised an approach to a Community Engagement Strategy and a framework leading to an Integrated Health Service Plan (IHSP).

We have forged extensive links within our area and made provision for a multitude of presentations to local health networks, provider agencies and community groups. Board members and senior staff have made firsthand visits to many key health care provider sites.

The Mississauga Halton LHIN is creating a database of existing networks and providers, listing both organizations and individuals. These contacts will provide ready access to expert advisors when dealing with specific issues. This database will be used to communicate to the providers and engage them in the development of our IHSP.

The Mississauga Halton LHIN: Year in Review

In our first eventful year, many objectives were put into place and much has been achieved in a relatively short time. A sample of the accomplishments includes:

Strategic Relationships

During our first year we have also focused on forging important strategic relationships. The Mississauga Halton LHIN initiated and participated in many meetings, forums and workshops with a multitude of organizations to create the connection and trust necessary for strong ongoing relationships. At the provincial level, both our CEO and Chair have participated in a variety of provincial initiatives.

Critical Care

In collaboration and with full support of all the hospitals in the area, our LHIN selected Dr. Lawrance Chau from the Halton Health Centre as the critical care lead. Dr. Chau will be involved in the provincial critical care planning and ensure critical care capacity in the Mississauga Halton LHIN meets provincial best practice standards. Dr. Chau will jointly report to our LHIN CEO and the Assistant Deputy Minister for Health System Accountability and Performance.

e-Health Strategy

e-Health is an important focus for our LHIN. We were pleased that all our area hospitals unanimously appointed the chair of Shared Services West Information Technology Group as the e-Health lead for our LHIN. We formed an e-Health Steering Committee to develop and plan our initial direction. The possibilities include connecting our family physicians to hospitals, linking community providers to ensure seamless transfer of information and other activities to improve overall integration. A funding request has been approved by the provincial e-Health Office to enable the development of an e-Health plan for our LHIN.

Regional Geriatric Program

Geriatrics is another key area where we have turned our attention. Under the leadership of Dr. Barbara Clive, a geriatrician from the Credit Valley Hospital and Ray Applebaum, CEO of Peel Senior Link, a group of providers interested in the care of the elderly has been formed to consider a LHIN-wide approach to integrated care for the seniors. With encouragement from our LHIN, considerable collaborative work has occurred to develop a plan to integrate care for seniors in our area. The LHIN leadership has met with this group more than three times to discuss progress as well as offer encouragement and advice. Given demographic trends, indicating the number of older adults in our LHIN will increase significantly over the next decade, the work of this group will prove invaluable to our area in years to come.

Primary Health Care / Family Practice Physicians

Issues facing primary health care and family practice physicians are also a key focus for our LHIN. The Central West – Mississauga Halton Community Family Medicine / Public Health Network made a presentation at the board's February meeting. The group is expanding its membership and mandate. Medical Officers of Health are part of this group to ensure close working relationships with public health. The Mississauga Halton LHIN has developed an effective relationship with this important group of physicians.

Finances

The MH LHIN had a balanced budget in 2005-06.

Operational Startup

There was much work to be done once the Ontario government established a policy framework and Local Health Integration Networks were chosen as the model for integration. First, it was time to launch LHINs as 14 crown corporations. In June 2005, 14 news conferences were held across the province to publicly announce the 14 LHINs chairs, 42 founding board members and 14 CEOs.

CEOs began work in August 2005 and worked alongside the board chairs to increase their knowledge of the communities they serve. LHIN leaders hosted 37 "meet and greet" sessions across the province with 1,500 leaders of health care organizations during the summer of 2005.

Fourteen offices were set up in Ontario. To ensure cost-effective and efficient operations, LHINs established a common administration process to deliver payroll, financial and human resource services for all the LHINs. These processes will be further enhanced with the implementation of join services arrangement for all 14 LHINs under the LHIN Shared Services Organization.

LHIN offices were open and ready-for business by fall of 2005. The Mississauga LHIN successfully recruited its senior team including the CEO and two senior directors along with an office manager and executive assistant. Recruitment of the remainder of the staff will occur in 2006-2007.

A business operations manual was created to provide basic policies and procedures related to LHIN business operations. This included government directives that LHINs must follow, a summary of legislative requirements that govern LHIN practices and standard policies and activities required by the Ministry for all LHINs.

Extensive orientation sessions were held in 2005 for the founding LHIN board members and staff. As part of their professional development, LHINs and the Ministry hosted several "think thanks" on topics such as funding models, planning, corporate governance, ethics and a framework for ethical decision-making. Discussion forums were held to tackle such issues as physicians' relationships with LHINs and LHIN cross-boundary issues.

Accountability agreements between each LHIN and the ministry were developed for the years 2005-2006 and 2006-2007, setting out the key activities for which the LHINs are responsible. LHINs received templates and guidelines for providing quarterly reports to the Ministry.

Mississauga Halton LHIN Governance

The Board as a whole exists to support the strategic direction, core commitments, objectives and strategic priorities of the Mississauga Halton LHIN. With the CEO, the Board provides strategic leadership, fiduciary stewardship and asset and risk management monitoring of the LHIN. Board committees then carry out the specific work arising from identified Board and LHIN priorities.

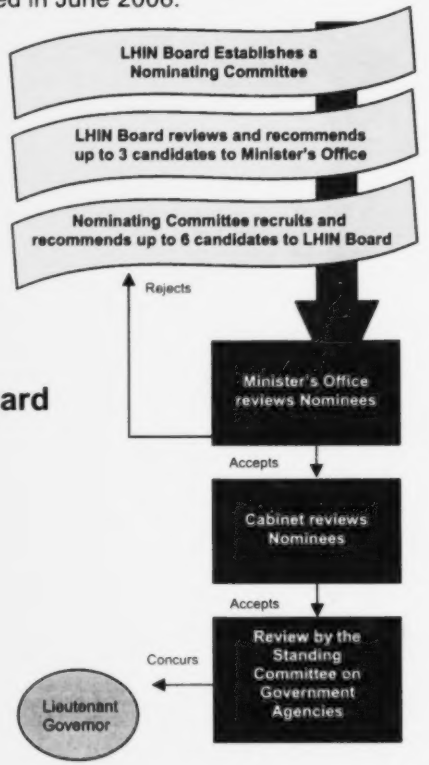
Our Board members come from a wide range of backgrounds and encompass an equally comprehensive variety of Board and health-care experience. Since good governance practices represent a combination of education, orientation and culture building, appropriate resources have been, and will continue to be, allocated for the building and ongoing maintenance of this important aspect of the individual Mississauga LHIN Board member's ability to support the objectives and roles required by our mandate.

Community-Based Recruitment and Nomination Process

Under the leadership of Chair John Magill, a Governance and Nomination Committee was set up which included representatives of the academic community (Mississauga), business community (Halton Hills) and municipal government (Oakville). Advertisements were placed in newspapers across the Mississauga Halton LHIN in fall 2005. Public meetings to solicit community nominations were held in municipal facilities in Mississauga and Halton.

Since the appointment of the first three Board members in June 2005, an additional three Board members were appointed. As of March 31, 2006 the Mississauga Halton LHIN Board had six members. The Nominations Committee recommended applicants for the remaining three community Board members, which were submitted by Chair of the Board for consideration by the Minister. These three nominees: Jane McCarthy, Brij Chadda, and Timothy Costigan, were appointed in June 2006.

Overview of the community-based Board nomination process



Committees Established

The Board established a Finance and Audit Committee and a Governance and Nominating Committee. In March 2006, our IHSP Steering Committee was struck, as a working committee of the Board created to guide our local IHSP process.

A working group of LHIN chairs and CEOs is developing a Board Governance Policy Manual including recommendations regarding Board structures and committees.

Board Orientation

The first three appointed Board members participated in the Ministry orientation program for new board members in fall 2005. The next three appointed Board members were provided with the Ministry's Board orientation material.

To complement the Ministry orientation program, Board members were provided with material on new developments in governance, including the Ontario Hospital's governance framework. From the outset the Board has made a practice of setting aside a significant part of its meeting agenda for presentations on major policy issues facing LHIN's. This has included environmental scans of the LHIN's current health care landscape by our staff as well as presentations by community and provincial leaders having an impact on health care in Ontario.

Topics covered such areas as family health teams, developments with Ontario Community Care Access Centres and the provincial e-health strategy. Senior staff has made presentations on the Mississauga community profiles, the provincial and Mississauga Halton LHIN specific scorecard profiles, developed by the Ministry.

Board Development

Building upon this background, the Board recently held a retreat over three days in order to expedite the relationship and trust building already underway amongst board members and senior staff. The Board reviewed best practices around constructive dialogue and good governance in a high-performance model and began consensus building around strategic planning roles, appropriate decision-making criteria and committee structures and their respective terms of reference.

The Board has also taken the steps necessary to begin development of a "Governance to Governance Navigational Chart" using consultants so that members of the Board will be in a position to commence this important part of the ongoing consultative process early in the fall of 2006. A facilitated one-day retreat was held in which the chair, CEO and senior team participated.

Further work in the development of a navigational chart remains underway. Significant progress was made in the recruitment of the required full complement of the nine Board members and the development of the board in 2005-2006.

Performance Agreement

The relationship between the government and each LHIN (including operational, financial, auditing and reporting) is outlined in a Memorandum of Understanding and an annual Performance Agreement between each LHIN and the Ministry of Health and Long-Term Care.

The Mississauga Halton LHIN and the Ministry signed the 2005-2006 Performance Agreement and our LHIN has fulfilled all the obligations in that agreement.

Conflict of Interest Guidelines

Formal board practices, including conflict of interest declarations, were approved in September 2005.

Performance Objectives for CEO and Process for Evaluation

The CEO submitted his performance agreement to the chair in October 2005. The chair and CEO both participated in the 2005 CEO Performance Review and Goal-Setting Joint Workshop Group for all LHINs. This working group created a template and framework for CEO review. Based on this template our Chair created a Performance Review Working Group to complete the CEO's review and evaluation for fiscal 2005-2006.

Integrated Health Service Plan

In September 2004, the Ontario Ministry of Health and Long-Term Care initiated a major health system transformation agenda with the goal of making the health system more patient-centred and responsive to local needs. The vehicle was the creation of 14 LHINs across Ontario, responsible for planning, co-ordinating, integrating, funding and evaluating the delivery of health care services within their geographic areas.

Beginning in late November 2004 and through mid-December 2004, the Ministry planned and facilitated one-day workshops in each of the 14 LHIN areas. The purpose of these workshops was to engage the full spectrum of providers across all sectors in each LHIN to come together to identify current and new opportunities for integration.

In February 2005, the Mississauga Halton LHIN Steering Committee, which emerged from the workshop, submitted the Integration Priority Report outlining 29 distinct initiatives that were identified at the workshop, including the 10 top priority integration opportunities.

The February 2005 report has been and continues to be an important document to help shape and inform the Mississauga Halton LHIN.

Integration is not an end in itself, but a journey – it is the process that will be used within the Mississauga Halton LHIN to achieve our vision of "healthy people and healthy communities through a well coordinated service delivery system that is sustainable." Creating an integrated health system will require shifts in how we work together and deliver care to meet the health needs of our local communities. The Mississauga Halton LHIN is committed to completing the IHSP as its first priority.

Strategic Goals of the IHSP:

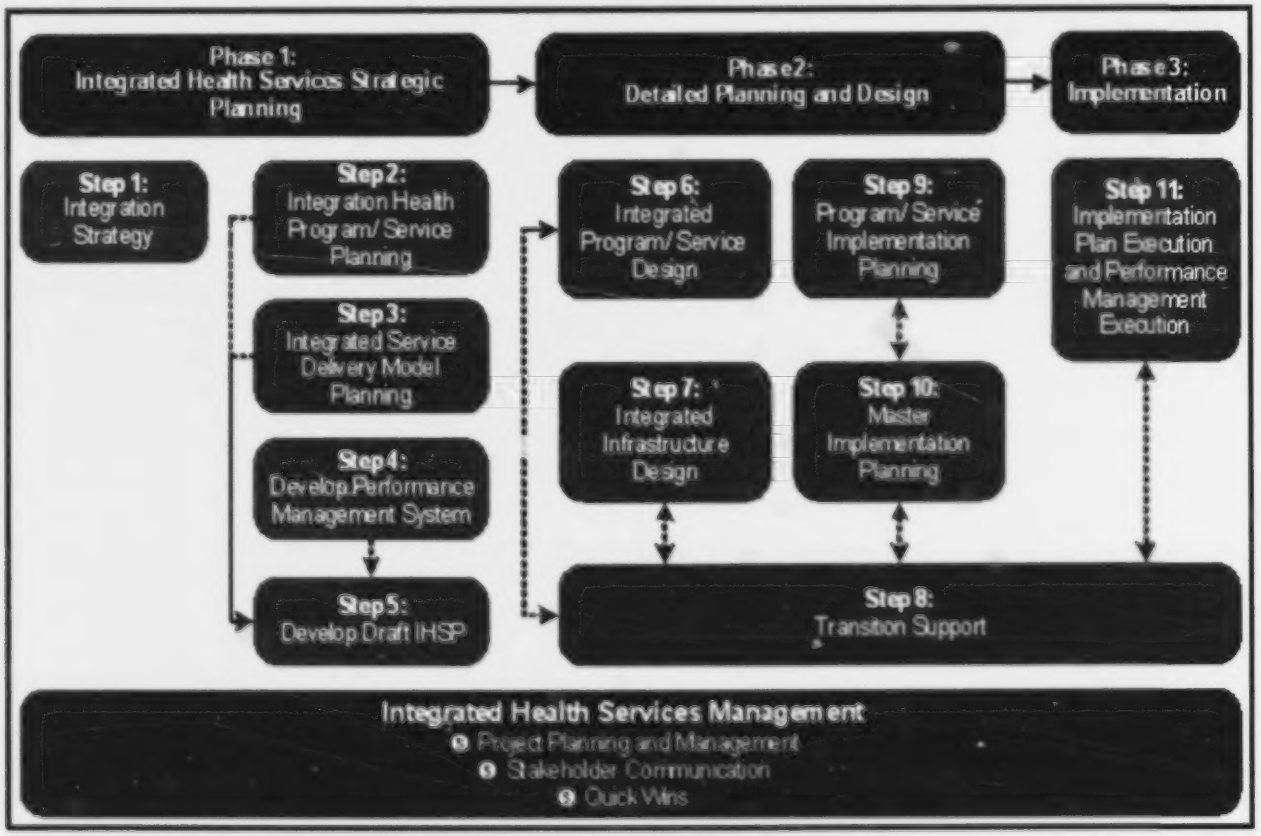
1. Ensure that our clients/patients/families can move more easily through the continuum of services.
2. All providers will embrace a systems perspective, through language, actions and accountability for joint outcomes in the delivery of high quality client/patient/family-focused services for the residents of the Mississauga Halton LHIN.
3. Improve access to the care and services needed by our community.
4. Promote sustainability of the health system by ensuring the most effective and efficient use of our resources.

Developing the structure and processes for the Integrated Health Service Plan (IHSP) began in earnest in February 2006.

In early March 2006, the Mississauga Halton LHIN had established a Project Steering Committee. The role of the steering committee was to provide overall direction to all aspects of the development of the Integrated Health Service Plan.

The approach to the plan has been long term and looks well beyond simply developing the first IHSP report. While completing the IHSP is a key component of the work, a plan without action is inadequate. Our plan will lead to placing priorities and ultimately implementation of the strategies within the IHSP.

Integrated Health Services Management Methodology



Community Engagement

Engaging our large and diverse community in an ongoing way is fundamental to how we will conduct our business. The Board and staff of the Mississauga Halton LHIN are committed to meaningful engagement of clients, patients, families and providers in determining the local priorities for improvement in health care. This commitment is enshrined in the Community Engagement Strategy, which was approved by the Board in early March 2006. The framework outlines the various approaches and activities that the Mississauga Halton LHIN will use in developing the IHSP and beyond.
(http://www.lhins.on.ca/english/MississaugaHalton/Community%20Engagement%20Framework.pdf)

Meetings have been held with a wide range of health care stakeholders as well as municipal and provincial government representatives. Since the inception of Mississauga Halton LHIN, the Chair and CEO have met with local members of provincial legislature, members of the federal parliament and area mayors.

Specific to the Mississauga Halton LHIN health care sector, the Chair, Board members, CEO and senior staff have visited and met with health care leaders of local long-term care homes, community agencies and hospitals. Our LHIN staff and Board members have attended hospital strategic sessions with physician leaders.

A workshop was held in December 2005 at the Mississauga Halton LHIN office with stakeholders who earlier authored the local Integration Priority Report, submitted to the Ministry in February 2005. The high level themes generated by the Mississauga LHIN for our Community Engagement Strategy reflect the issues embodied in the priority report.

Objectives

Our LHIN will ensure that the opinions and concerns of the public and providers are consistently understood and considered in shaping the future delivery of health care in Mississauga Halton. We will foster provider commitment to the common vision for improving health service delivery in the community. The Mississauga Halton LHIN is committed to building momentum and enthusiasm among the public and providers to achieve results in improving health and the delivery of health services. We will tangibly demonstrate that the pubic and health providers have been heard by linking the community engagement outcome to the priorities in the IHSP.

Guiding Principles

Our LHIN is committed to open communication about the engagement process and its outcomes. We will facilitate the development of a culture of innovation in health and health service delivery, while respecting the mandate and resources of the Mississauga Halton LHIN.

We will engage the public and providers early and often. Our LHIN will model an integrated approach to community engagement by facilitating the participation of the public and providers across sectors in discussion forums. Our LHIN will embrace the diversity of Mississauga Halton by ensuring our consultation methods are inclusive and accessible. The public and providers will be heard as the Mississauga Halton LHIN plans its client/patient/family-focused health system.

Community Engagement Methods

The Mississauga Halton LHIN has planned and implemented a variety of methods in two distinct phases of engagement. The aim of Phase I, March to May 2006, was to engage and inform our stakeholders about the development of our draft Integrated Health Service Plan. Phase II, lasting from July to September, will seek input on the draft document of the IHSP.

Phase I

A number of engagement methods were used in the first phase and the effectiveness of each and every one will help improve our subsequent efforts. We developed a range of engagement activities during the first phase. A web-based survey was developed to engage health providers as well as the public. Our aim was to solicit input on criteria, priorities and readiness. The Mississauga Halton LHIN web site also was used to help keep interested individuals informed on engagement strategies and scheduled events.

Our LHIN held six public forums and six health provider forums across each of the different municipalities in Mississauga Halton. The provider forums were held in the afternoon and the public events were staged in the evening.

We also put out a call for written submissions from individuals, organizations and networks on suggested integration opportunities. Delegations of organization, networks as well as individuals were invited to address the Steering Committee and/or Board. Our LHIN has also held regular meetings with existing groups, consortiums and networks.

Our LHIN also focused on contacting and interviewing key stakeholders, tertiary/quaternary providers in neighbouring LHINS as well as senior staff in area LHINs.

Reaching Out to Our Community

Beginning in early April, the Mississauga Halton LHIN launched a plan to inform the public about the importance of becoming involved in health care and encouraging them to participate in the various engagement strategies. We employed various methods to get the word out.

Advertisements

Half page ads were placed in all of the local newspapers, including those in the French and South Asian communities. These ads were placed on three different occasions in each of the newspapers. A number of local newspapers also ran articles on the engagement strategy and how individuals, organizations and networks could become involved.

Reaching out to Households

We developed a one-page flyer and distributed it by mail to all households in Mississauga Halton.

Direct Mail

Letters were sent to all area school boards, service clubs, faith communites, major employers, lower and upper tier municipalities, elected officials, health-care employers and local physicians. We requested their assistance in posting and/or circulating through their communication channels a flyer or advertisement outlining our engagement strategy and how to become involved.

E-mail

We used a mass e-mail database targeting provider organizations, key individuals and networks. We requested their direct participation as well as their assistance by posting and/or circulating a flyer or advertisement through their communication channels.

Cable Television

Two cable television interviews were broadcast on local stations outlining our engagement strategy.

Initial Priority Theme Areas

Providing directional leadership has been a commitment of the Board and Senior Team of the Mississauga Halton LHIN. Rather than beginning the community engagement process with a "blank" slate, the Board identified 4 priority integration theme areas as the basis for the consultations with the public and providers. These 4 priority integration theme areas were informed by:

- Emerging provincial priorities
- Demographic trends in our population
- Best Practices
- Research
- The integration priorities developed and summarized in the February 2005 Integration Priority Report

The following four initial priorities provided the starting point for all of our community engagement strategies.

The four initial priorities included:

- Chronic Disease Prevention and Management
- Mental Health & Addictions
- Primary Health Care
- Seniors Health and Wellness

Community Feedback

The results from all of the engagement strategies in phase I consultation yielded remarkable similarities in the priorities and initiatives identified by the public and providers. The 4 identified priority integration themes were overwhelmingly endorsed and supported. Additionally, as a result of the engagement process we added a fifth priority area which we have called Improving System Performance. This additional integration priority takes a systemic view and recognizes and integrates the interdependencies across the other four priorities and incorporates some key enabling strategies as well as Ministry key strategies.

This figure provides a schematic for how we are framing our integration priorities.

For each of the integration priorities there are a number of actions planned that have emerged directly from the consultations.

Ongoing community and stakeholder feedback will be invaluable on an ongoing basis as we move forward in creating a truly responsive and integrated local health system.

Community Feedback

Community members and stakeholders have raised many issues regarding health care with our LHIN leadership. They are concerned, committed and passionate about the themes they express. We have heard calls for a better health information management network that unifies client records to manage health, arrange and improve health care.

Navigation of services has been raised as an issue. People want to know what services are available and how to readily find them. Improving access to physicians and diagnostic services are other concerns.

Our community wants there to be a focus on wellness and disease prevention, for example, greater access to diabetes education and fall prevention programs.

Our LHIN has a diverse population and we were urged to support health services that are more responsive to broad linguistics and ethno-cultural needs.

The community and stakeholder feedback we have received will be invaluable as we move forward in creating a truly responsive and integrated local health system.

Engaging Diverse Populations

The Mississauga Halton LHIN has many culturally diverse populations. Reaching out to these populations is an important component of our community engagement strategy.

Mississauga has a growing francophone community and is designated under the French Language Services Act. In addition to meeting with local representatives of the francophone community, the Mississauga Halton LHIN will be participating with our counterparts in the GTA in a joint consultation specifically targeting francophone Ontarians living in the GTA, planned for June 2006.

Similarly, we have had discussions with LHIN 4 (Hamilton Niagara Haldiman Norfolk Brant) regarding a joint approach to engaging the aboriginal community through Six Nations on New Credit Reserves.

Phase II Engagement

Once a draft report has been completed towards the end of June, the Phase II Communication Strategy will be implemented to further validate the priorities in the Plan.

We look forward to ongoing dialogue with our community.

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Auditors' Report

To the Members of the Board of Directors of the
Mississauga Halton Local Health Integration Network

We have audited the statement of financial position of Mississauga Halton Local Health Integration Network ("LHIN") as at March 31, 2006 and the statements of operations and changes in net assets for the period from the date of incorporation June 9, 2005 to March 31, 2006. These financial statements are the responsibility of LHIN's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Mississauga Halton Local Health Integration Network as at March 31, 2006 and the results of its operations and its cash flows for the period from the date of incorporation July 9, 2005 to March 31, 2006 in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants

Toronto, Ontario
May 12, 2006

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Statement of Financial Position

March 31, 2006

ASSETS

Cash	$	30,978
Capital assets (Note 3)		1
	$	30,979

LIABILITIES AND NET ASSETS

Accounts payable and accrued liabilities (Note 4)	$	-
Net assets		30,979
	$	30,979

APPROVED BY THE BOARD

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Statement of Operations and Changes in Net Assets

Period from the date of incorporation July 9, 2005 to March 31, 2006

REVENUE		
	Ministry of Health and Long Term Care ("MOHLTC") Funding	$ 3,000
	MOHLTC payroll reimbursement	238,625
		241,625
EXPENSES (Note 5)		
	Payroll	209,646
	Office supplies	570
	Postage and courier	65
	Computer supplies	153
	Catering	134
	Other	78
		210,646
EXCESS OF REVENUE OVER EXPENSES		30,979
NET ASSETS, BEGINNING OF YEAR		-
NET ASSETS, END OF YEAR		$ 30,979

For the period of June 1, 2005 through March 31, 2006, MH Board Members were paid:

- $ 53,425.00 in per diem charges
- $ 2,574.02 for reimbursement of travel expenses

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Notes to the Financial Statements

March 31, 2006

1 DESCRIPTION OF BUSINESS

Formation and status

The Local Health Integration Network of Mississauga Halton was incorporated by Letters Patent on July 9, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the *Local Health System Integration Act, 2006* (the "Act") as the Mississauga Halton Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in both the Act and the Memorandum of Understanding between the LHIN and the Ministry of Health and Long-Term Care (the "Ministry"). Funding of the LHIN by the Ministry in the fiscal year ended March 31, 2006 was made pursuant to the terms of a Performance Agreement.

LHIN operations

The objects of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The Mississauga Health LHIN covers a south-west portion of the City of Toronto, the south part of Peel Region and all of Halton Region except for Burlington.

Fiscal period

These financial statements represent the activities of the LHIN from July 9, 2005, the date of incorporation, to March 31, 2006.

2. SIGNIFICANT ACCOUNTING POLICIES

Financial statement presentation

The financial statements have been prepared in accordance with the accounting standards for not-for-profit organizations published by the Canadian Institute of Chartered Accountants using the deferral method of reporting restricted contributions.

Revenue recognition

Ministry of Health and Long-Term Care funding is recognized as revenue in the year in which the related expenses are incurred. Any designated funds for which the expenses have not been incurred are recorded as deferred revenue.

Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

3. CAPITAL ASSETS

The LHIN office maintains a record of assets purchased on its behalf by the MOHLTC. The nature of these assets includes:

- Leaseholds (arranged by Ontario Realty Corporation)
- Furniture and equipment
- Computer software and equipment

These assets have been reflected at a nominal dollar value of $1, as the payments for these assets have been included in the expenditures of the MOHLTC.

4. ACCOUNTS PAYABLE AND ACCRUED LIABILITIES

The MOHLTC has included accounts payable and accrued liabilities totaling $118,889 in its records on behalf of the LHIN as at March 31, 2006. These expenses are included in amounts disclosed in Note 5.

5. EXPENSES

All other operating expenses, other than those disclosed on the statement of revenue and expenses, were approved and paid for on behalf of the LHIN by the MOHLTC. These expenses for the period ended March 31, 2006 are as follows:

Salaries and benefits	$ 54,762
Accommodation/occupancy	1,255,353
Common services	42,126
Information technology	96,043
Other expenditures	209,919
	$1,658,203

6. GUARANTEES

(i) The LHIN is subject to the provisions of the *Financial Administration Act*. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the *Financial Administration Act* and the related *Indemnification Directive*.

(ii) An indemnity for the Chief Executive Officer was provided directly by the LHIN. Between March 28, 2006 and March 31, 2006, the directors, officers and employees of the LHIN received the benefit of Section 35 of the Act.

7. STATEMENT OF CASH FLOWS

A statement of cash flows has not been provided, as the information it would contain is readily determinable from the accompanying statements.

Staff Members

W. Michael Fenn
Chief Executive Officer

Narendra Shah
Senior Director, Performance, Contract & Allocation

J. Scott McLeod
Senior Director, Planning, Integration & Community Engagement

Kim Hruda
Senior Planning Consultant

Maureen Kolapak
Executive Assistant

Lisa Stewart
Office Manager

Susan Hall
Assistant to Narendra Shah and Scott McLeod

Kathryn Harriman
Administrative Assistant

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